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# UNITED NATIONS POPULATION FUND

## REPORT OF THE EXECUTIVE DIRECTOR FOR 1995

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UNFPA IN 1995:

PROGRAMME AND FINANCIAL HIGHLIGHTS

Pledges and contributions

- Income in 1995 (provisional) totalled $315.9 million, an increase of 19.1 per cent compared to 1994 income of $265.3 million.

- Pledges to UNFPA's general resources in 1995 totalled $293.3 million, $28.6 million more than 1994, a percentage increase of 10.8 per cent. At year's end, cumulative pledges through 1995 totalled $3.4 billion from a cumulative total of 167 donors. The number of donors in 1995 totalled 85.

- The Fund's ongoing efforts to seek additional resources for population projects and programmes through multi-bilateral and other arrangements generated an additional $14.1 million (provisional) during 1995 for projects with allocations totalling $19.9 million at year-end.

Allocations and expenditures

- Total (provisional) programmable resources for 1995 were $289 million, compared to $253 in 1994.

- Project allocations in 1995 totalled $340.4 million, including $77.1 million of unspent allocations from 1994. Project allocations in 1994 totalled $278.5 million, including $71.7 million of unspent allocations from 1993. Project expenditures (provisional) for 1995 totalled $230.6 million compared to project expenditures in 1994 of $202.1 million.

- Expenditures (provisional) in 1995 totalled $310.8 million, compared to $274.4 million in 1994. The 1995 figure includes $182.6 million for country programmes, compared to $159.5 million in 1994; $48.0 million for intercountry (regional and interregional) programmes, compared to $41.9 million for 1994. Total administrative and programme support services (APSS) expenditures for both headquarters and field offices were $50.1 million in 1995 (net of $5.6 million overhead credits), compared to $45.2 million in 1994 (net of $5.2 million overhead credits). Field office costs were $25.3 million in 1995 compared to $21.8 million in 1994. Technical support services under the successor support cost arrangements approved by the Governing Council in decision 91/37 were $22.0 million. Administrative and operation services (AOS) costs, set by the Governing Council at 7.5 per cent of expenditures of country activities, were $8.1 million.

- The project expenditure rate (expenditures divided by allocations) was provisionally 67.7 per cent, compared to 72.3 per cent (final) in 1994. The resource utilization rate (expenditures divided by programmable resources, as approved by the Governing Council in decision 89/46 B) was provisionally 90.2 per cent in 1995 compared to 90.6 per cent in 1994.

- 435 new projects were approved in 1995, amounting to $71.5 million, compared to 610 new projects in 1994 amounting to $62.3 million.

- At year's end, UNFPA was assisting 2,479 projects: 1,910 country and 569 intercountry projects (775 country and regional projects in Africa; 594 in Asia and the Pacific; 456 in Latin America and the Caribbean; 352 in the Arab States and Europe; and 302 interregional).

- For allocations in 1995 by major function, by geographical area, and by country category, see data on page 6.

Country activities

- 307 new country projects were approved in 1995, amounting to $56.4 million or 20.6 per cent of total allocations of $273.8 million to country projects, compared to 448 new country projects in 1994 amounting to $46 million or 20.8 per cent of total expenditures for country projects in 1994.

- Allocations to continuing country projects amounted to $217.4 million or 79.4 per cent of total allocations to country projects, compared to 1994 expenditures for continuing country projects amounting to $174.9 million, or 62.8 per cent of total expenditures for country projects.

- For allocations to country activities, by work plan category, and by priority and non-priority country and regional activities, see table, page 7.

Priority countries

- In accordance with the criteria and thresholds approved by the Governing Council in decision 88/34 A, adopted at its thirty-fifth session in June 1988, effective 1 January 1995, 58 countries have been given priority status. By geographic area, these priority countries number: Africa, 32; Asia and the Pacific, 17; Latin America and the Caribbean, 5; and Arab States, 4. (For a list of priority countries see page 7.)

- Of the total amount of resources allocated to country programmes and projects in 1995, 70.4 per cent was allocated to these priority countries, compared to 69.8 per cent of expenditures for the 58 countries with priority status in 1994.

- Total allocations in 1995 to priority countries amounted to $192.7 million, compared to $154.2 million in expenditures for priority countries in 1994.

Intercountry activities

- Allocations for intercountry activities (regional and interregional) totalled $66.6 million in 1995, compared to $57.6 million in expenditures in 1994. By category of activity, these allocations were: regional, $30 million in 1995, compared to $15.8 million in expenditures in 1994; interregional, $36.6 million in 1995, compared to $26.1 million in expenditures in 1994.

- Intercountry programmes accounted for 19.6 per cent of 1995 total allocations, compared to 20.7 per cent of expenditures in 1994.

Execution of projects

- The number of projects directly executed by Governments in 1995 numbered 806, compared to 604 in 1994, and totalled $79.9 million or 23.5 per cent of total 1995 programme allocations, compared to $ 49.8 million or 24.7 per cent of programme expenditures in 1994. For allocations in 1995 by executing agency, see table, page 6.

Programme Review and Strategy Development missions

- In 1995, UNFPA undertook Programme Review and Strategy Development (PRSD) missions to 5 countries - 2 in Africa (Cape Verde and Ghana), 1 in Arab States and Europe (Syria), 1 in Asia and the Pacific Region (Sri Lanka), and 1 in Latin America and the Caribbean (Honduras). Total missions (Programme Review and Strategy Development and Basic Needs Assessment missions) conducted from 1977 through 1995 are 203.

Administration and personnel

- In 1995, administrative and programme support services (APSS) expenditures (provisional), including both headquarters and field office costs, were $50.1 million (net of $5.6 million of overhead credits) or 15.9 per cent of the 1995 total estimated income of $315.9 million. Comparable administrative expenditures in 1994 were $45.2 million or 17.0 per cent of the 1994 income of $265.3 million.

- As of 1 January 1995, in accordance with Governing Council decisions 85/20 of June 1985, 86/35 of June 1986, 87/31 of June 1987, 88/36 of June 1988, 89/49 of June 1989, 90/36 of June 1990, 91/36 of June 1994, and 93/28 of June 1995, the total number of authorized budget posts numbered 837, comprising 304 Professional (including 124 national programme officers) and 533 General Service staff. These include 105 Professional and 135 General

Service posts at headquarters, 2 Professional and 2 General Service posts in Geneva and 197[1] Professional and 396 local General Service posts in the field.

- The percentage of women on UNFPA's Professional staff at headquarters and in the field rose from over 44 per cent in 1994 to 46 per cent in 1995, one of the highest percentages among United Nations agencies and organizations. In 1996, the percentage is expected to continue to increase.

- UNFPA continued to maintain a close operational relationship with UNDP, which also provides the Fund on a reimbursable basis with some administrative support for financial and computer services, for personnel administration and travel services and for the processing of Governing Council documents. Following agreement between UNDP and UNFPA on the subvention arrangement, approved by the Governing Council at its thirty-fifth session (decision 88/36), UNFPA's reimbursement to UNDP for the services rendered was set in the budget at $3.9 million for the biennium 1994-1995. In 1995, UNFPA reimbursed UNDP the amount of $2.2 million.

[1] Includes 124 national programme officers.

## UNFPA PROGRAMME IN 1994 AND 1995: AT A GLANCE

(Data for 1994 are expenditures; data for 1995 are allocations[1])

### UNFPA assistance by major function[2]

| | In Thousands $US | | Percentage of total programme | |
|---|---|---|---|---|
| | 1994 | 1995 | 1994 | 1995 |
| Family planning | 105,672 | 165,799 | 52.3 | 48.7 |
| Communication and communication | 37,315 | 64,870 | 18.5 | 19.1 |
| Basic data collection | 10,091 | 18,876 | 5.0 | 5.5 |
| Population dynamics | 10,620 | 17,364 | 5.3 | 5.1 |
| Formulation and evaluation of population policies | 15,750 | 29,217 | 7.8 | 8.6 |
| Implementation of policies | 238 | 1,450 | 0.1 | 0.4 |
| Multisector activities | 12,006 | 16,028 | 5.9 | 4.7 |
| Special programmes | 10,401 | 26,774 | 5.1 | 7.9 |
| Total | 202,093 | 340,378 | 100.0 | 100.0 |

### UNFPA assistance by geographical region

| | In Thousands $US | | Percentage of total programme | |
|---|---|---|---|---|
| | 1994 | 1995 | 1994 | 1995 |
| Africa | 57,194 | 120,637 | 28.3 | 35.4 |
| Arab States and Europe | 19,393 | 41,066 | 9.6 | 12.1 |
| Asia and the Pacific | 70,783 | 98,415 | 35.0 | 28.9 |
| Latin America and the Caribbean | 28,585 | 43,620 | 14.1 | 12.8 |
| Interregional and Global | 26,138 | 36,640 | 13.0 | 10.8 |
| Total | 202,093 | 340,378 | 100.0 | 100.0 |

### UNFPA assistance by country/intercountry category

| | In Thousands $US | | Percentage of total programme | |
|---|---|---|---|---|
| | 1994 | 1995 | 1994 | 1995 |
| Country | 160,186 | 273,790 | 79.3 | 80.4 |
| Intercountry | 41,907 | 66,588 | 20.7 | 19.6 |
| Total | 202,093 | 340,378 | 100.0 | 100.0 |

### UNFPA assistance by country category

| | In Thousands $US | | Percentage of total country Programme | |
|---|---|---|---|---|
| | 1994 | 1995 | 1994 | 1995 |
| Priority country | 113,865 | 192,690 | 71.1 | 70.4 |
| Other country | 46,321 | 81,100 | 28.9 | 29.6 |
| Total | 160,186 | 273,790 | 100.0 | 100.0 |

### UNFPA assistance by executing agency

| | In Thousands $US | | Percentage of total programme | |
|---|---|---|---|---|
| | 1994 | 1995 | 1994 | 1995 |
| Government-executed projects | 49,760 | 79,859 | 24.6 | 23.5 |
| United Nations | 8,740 | 12,395 | 4.3 | 3.6 |
| Regional commissions | 3,100 | 4,028 | 1.5 | 1.2 |
| ILO | 4,240 | 7,200 | 2.1 | 2.1 |
| IBRD | 0 | 0 | 0.0 | 0.0 |
| FAO | 2,420 | 3,895 | 1.2 | 1.1 |
| UNESCO | 3,810 | 6,757 | 1.9 | 2.0 |
| WHO | 12,330 | 15,461 | 6.1 | 4.5 |
| UNICEF | 2,150 | 1,739 | 1.1 | 0.5 |
| UNIDO | 70 | 135 | 0.1 | 0.1 |
| UNFPA[3] | 85,170 | 159,164 | 42.1 | 46.7 |
| UNRWA | 190 | 113 | 0.1 | 0.1 |
| Non-governmental organizations | 29,330 | 48,940 | 14.5 | 14.4 |
| UNDP(OPS) | 800 | 692 | 0.4 | 0.2 |
| Total | 202,110 | 340,378 | 100.0 | 100.0 |

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[1] Expenditure data for 1995 are not available until after the due date for submission of this document to the Executive Board.

[2] This table reflects the population sector categories still in face in the ACC Programme Classification, the revision of which is still under consideration by the ACC. The table, therefore, does not reflect the core programme areas endorsed in Executive Board decision 95/15.

[3] Includes assistance to procurement for Governments' projects as follows: 43.7 million in 1994 and 46.4 million in 1995.

UNFPA expenditures (1994) and allocations (1995), by region

| | AFRICA (SUB-SAHARAN) | | | | ARAB STATES AND EUROPE | | | | ASIA AND THE PACIFIC | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | (in US$ 000) | | Percentage of total programme | Percentage of total programme | (in US$ 000) | | Percentage of total programme | Percentage of total programme | (in US$ 000) | | Percentage of total programme | Percentage of total programme |
| By major sector[1] | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 |
| Family planning | 24,569 | 53,714 | 43.0 | 44.5 | 9,084 | 20,529 | 46.8 | 50.0 | 48,934 | 62,157 | 69.1 | 63.2 |
| Communication and education | 13,060 | 27,290 | 22.8 | 22.6 | 3,084 | 6,226 | 15.9 | 15.2 | 9,127 | 15,574 | 12.9 | 15.8 |
| Basic data collection | 3,897 | 8,152 | 6.8 | 6.8 | 2,167 | 3,212 | 11.2 | 7.8 | 2,424 | 4,980 | 3.4 | 5.1 |
| Population dynamics | 3,400 | 6,187 | 5.9 | 5.1 | 1,684 | 3,454 | 8.7 | 8.4 | 3,364 | 3,807 | 4.8 | 3.9 |
| Formulation and evaluation of population policies | 5,841 | 11,757 | 10.2 | 9.7 | 1,251 | 3,101 | 6.5 | 7.6 | 1,340 | 2,202 | 1.9 | 2.2 |
| Implementation of policies | 15 | 137 | 0.0 | 0.1 | 0 | 0 | 0.0 | 0.0 | 0 | 55 | 0.0 | 0.1 |
| Multisector activities | 3,111 | 4,601 | 5.4 | 3.8 | 1,019 | 1,740 | 5.3 | 4.2 | 2,195 | 4,011 | 3.1 | 4.1 |
| Special programmes | 3,301 | 8,798 | 5.8 | 7.3 | 1,103 | 2,806 | 5.7 | 6.8 | 3,399 | 5,630 | 4.8 | 5.7 |
| TOTAL REGION | 57,194 | 120,637 | 100.0 | 100.0 | 19,393 | 41,066 | 100.0 | 100.0 | 70,783 | 98,416 | 100.0 | 100.0 |
| By country category | | | | | | | | | | | | |
| Priority countries | 45,345 | 90,693 | 87.7 | 83.3 | 4,734 | 13,206 | 27.8 | 36.2 | 55,579 | 75,539 | 83.7 | 82.6 |
| Non-priority countries | 6,332 | 18,213 | 12.3 | 16.7 | 12,307 | 23,308 | 72.2 | 63.8 | 10,835 | 15,885 | 16.3 | 17.4 |
| TOTAL COUNTRY | 51,677 | 108,906 | | | 17,041 | 36,514 | | | 66,413 | 91,423 | | |
| Regional | 5,517 | 11,731 | 9.6 | 9.7 | 2,352 | 4,552 | 12.1 | 11.1 | 4,370 | 6,993 | 6.2 | 7.1 |
| TOTAL REGION | 57,194 | 120,637 | 100.0 | 100.0 | 19,393 | 41,066 | 100.0 | 100.0 | 70,783 | 98,416 | 100.0 | 100.0 |

| | LATIN AMERICA AND THE CARIBBEAN | | | | INTERREGIONAL AND GLOBAL | | | |
|---|---|---|---|---|---|---|---|---|
| | (in US$ 000) | | Percentage of total programme | Percentage of total programme | (in US$ 000) | | Percentage of total programme | Percentage of total programme |
| By major sector[1] | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 |
| Family planning | 15,170 | 18,976 | 53.1 | 43.5 | 7,914 | 10,423 | 30.3 | 28.4 |
| Communication and education | 4,657 | 7,542 | 16.3 | 17.3 | 7,387 | 8,238 | 28.3 | 22.5 |
| Basic data collection | 1,294 | 1,824 | 4.5 | 4.2 | 310 | 708 | 1.2 | 1.9 |
| Population dynamics | 1,379 | 2,682 | 4.8 | 6.1 | 792 | 1,236 | 3.0 | 3.4 |
| Formulation and evaluation of population policies | 2,184 | 3,689 | 7.6 | 8.5 | 5,132 | 8,468 | 19.6 | 23.1 |
| Implementation of policies | 104 | 1,077 | 0.4 | 2.5 | 119 | 180 | 0.5 | 0.5 |
| Multisector activities | 2,670 | 2,759 | 9.3 | 6.3 | 3,011 | 2,917 | 11.5 | 8.0 |
| Special programmes | 1,126 | 5,071 | 3.9 | 11.6 | 1,472 | 4,469 | 5.6 | 12.2 |
| TOTAL REGION | 28,585 | 43,620 | 100.0 | 100.0 | 26,138 | 36,640 | 100.0 | 100.0 |
| By country category | | | | | | | | |
| Priority countries | 8,208 | 13,252 | 32.8 | 35.9 | | | | |
| Non-priority countries | 16,847 | 23,695 | 67.2 | 64.1 | | | | |
| TOTAL COUNTRY | 25,055 | 36,948 | | | | | | |
| Regional | 3,530 | 6,672 | 12.4 | 15.3 | | | | |
| TOTAL REGION | 28,585 | 43,620 | 100.0 | 100.0 | | | | |

Priority Countries (as modified in 1992 in accordance with 88/34A)

Africa: Angola, Benin, Burkina Faso, Burundi, Central African Republic, Chad, Comoros, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Togo, Uganda, United Republic of Tanzania, Zaire, Zambia, & Zimbabwe

Arab States and Europe: Egypt, Somalia, Sudan and Yemen

Asia and the Pacific: Afghanistan, Bangladesh, Bhutan, Cambodia, China, Korea DPR, India, Indonesia, Laos, Myanmar, Nepal, Pakistan, Philippines, Solomon Islands, Sri Lanka, and Viet Nam

Latin America and the Caribbean: Bolivia, Dominican Republic, Haiti, Honduras, and Nicaragua

[1] These tables reflect the population sector categories in force in the ACC Programme Classification, the revision of which is still under consideration by the ACC. The tables, therefore, do not reflect the core programme endorsed in Executive Board decision 95/15.

# INTRODUCTION

1. On June 18, 1995, 240 UNFPA staff members from all corners of the world gathered in Rye, New York, for a four-day brainstorming meeting on the future direction and programme priorities of the 25-year-old Fund. The meeting, the largest single gathering of UNFPA staff, sought to clarify and reflect on how UNFPA, as an organization, would adjust to a range of new demands and expectations in light of the 1994 International Conference on Population and Development (ICPD). The ICPD was the most extensive and searching debate ever held on population and development.

2. The Programme of Action that emerged out of the ICPD provided the international community with a comprehensive and detailed strategy for population and development in the next 20 years. It emphasized the need for a "broad and effective partnership" between Governments and non-governmental organizations (NGOs) in formulating, implementing, monitoring and evaluating population and development activities. Indeed, the tasks set out in the Programme of Action are beyond the capacity of any single organization. In order to assist countries in developing effective population and sustainable development programmes, UNFPA, the lead organization within the United Nations system for implementing the ICPD, will further strengthen collaborative and coordination efforts with its partner agencies and organizations within the United Nations system as well as with bilateral agencies and NGOs.

3. At the Rye meeting, UNFPA participants representing 87 country offices, eight Country Support Teams (CSTs), the European Liaison Office and headquarters, clearly understood that in order to meet the goals laid out in the ICPD Programme of Action, UNFPA would need to be more focused in its programmes and its resource allocations. In this context, they welcomed the decision by the Executive Board to focus the Fund's programmes and resources in three priority areas. According to decision 95/15, taken days earlier by the Executive Board at its annual session, the three new core areas would consist of reproductive health, including family planning and sexual health (hereafter referred to as reproductive health); population and development strategies; and advocacy.

4. In addition to the new programme directions for UNFPA, participants at the Rye meeting focused on the need for improved programme coordination and complementarity between and among United Nations agencies, bilateral donors and NGOs. They also agreed that full transparency and accountability, both in substantive and financial terms, in programme management was critical to the effectiveness and impact of UNFPA activities. UNFPA staff from all regions highlighted the role of increased advocacy as a tool for maintaining political interest in the goals of ICPD, and as a means for mobilizing additional financial resources for the realization of ICPD goals.

5. This year's annual report takes a close look at the new directions for UNFPA agreed upon by its Executive Board and examines the Fund's work in core programme areas, in particular reproductive health. The report provides a region-by-region overview of UNFPA activities, examines United Nations and UNFPA follow-up to the ICPD, and concludes with ways the Fund is implementing recommendations pledged to the well-being of women and men at the ICPD and the Fourth World Conference on Women, held in Beijing, China, in September.

# II. CORE PROGRAMME AREAS

## A. Reproductive health, including family planning and sexual health

6. Reproductive health, as defined in the ICPD Programme of Action, "is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes". It is not limited to a woman's child-bearing years and thus addresses the reproductive health concerns of adolescents as well as of those beyond their reproductive years. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. The attainment of reproductive health also enables women to go safely through pregnancy and childbirth and provides couples with the best chance of having a healthy infant.

7. A reproductive health approach recognizes that to be successful, there is a need to address the reproductive rights of women and men and the social behaviour and cultural practices that affect reproductive health outcomes. UNFPA supports the concept of sexual and reproductive health as a human right and recognizes that reproductive rights are central to the achievement of reproductive health. Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights instruments and other international consensus documents.

8. UNFPA support for reproductive health is based on a public health, pragmatic and participatory approach. The ultimate goal is to develop a comprehensive and integrated system of reproductive health care that offers a full range of services. It encourages partnerships between Governments, NGOs and the private sector so as to maximize both coverage and quality of services and to stimulate innovative ideas. In carrying out this work, the Fund is fully cognizant of its partnership with other United Nations agencies and organizations. UNFPA looks to the World Health Organization (WHO) to provide an overall framework to operationalize reproductive health programmes and to define policies, identify research priorities and give technical guidance, including setting norms and standards, for the full spectrum of reproductive health services. At the country level, the Fund continues to collaborate and coordinate with WHO, UNICEF and other appropriate agencies and organizations in helping countries to formulate and implement comprehensive national programmes in the area of reproductive health.

### 1. Reproductive health initiatives

9. In the post-ICPD environment, the Fund has undertaken a number of initiatives to expand the level of its involvement in reproductive health issues. These include reducing the need for abortion; preventing and treating reproductive tract infections, including sexually transmitted diseases (STDs); preventing HIV/AIDS; preventing and providing appropriate treatment of infertility; providing routine screening for other reproductive health conditions; and discouraging harmful practices such as female genital mutilation.

10. These initiatives manifested themselves in a number of ways during the course of the year: in a number of important seminars and international meetings, in a series of technical reports addressing

ICPD themes, in revised programming guidelines, in surveys, and in training of field staff so that they could put the new guidelines into operation. Specifically, UNFPA began to implement new guidelines that foresaw that within the primary health care framework, the Fund would support efforts to integrate reproductive health care information and services into other services provided at the service delivery level and to assure that the personnel working in such facilities receive training in integrated reproductive health care.

11. These initiatives in no way detract from UNFPA's longstanding commitment to family planning as a way of safeguarding the reproductive health of women. Family planning is critical to reducing maternal mortality and morbidity and preventing the need for recourse to abortion. Family planning also enables women to exercise more control over their sexual lives, including the ability to protect themselves against the transmission of reproductive tract infections, including sexually transmitted diseases and HIV/AIDS.

12. UNFPA's efforts to improve the reproductive health of women is being carried out in an atmosphere that puts their reproductive health in a larger framework: enabling women to make decisions regarding reproduction not only enables them to allocate time for social, political and economic activities but also promotes their ability to make decisions in these other areas of their lives. Similarly, enabling women to obtain equal access to social and economic assets is both the means of improving their status in society and of helping them attain a high level of reproductive health.

13. Reproductive tract infections. An expert consultation on reproductive health met in December 1994 to give directions for UNFPA assistance in a number of areas relating to reproductive health. The recommendations of the consultation were issued as Technical Report 31 during the year. In the area of reproductive tract infections, the consultation called for recognition that there was no "technical fix" to the problem of reproductive tract infections and called for UNFPA to focus on policies and procedures that include the role of social and behavioural factors in the causation of reproductive tract infections. This implies, for example, that, given that adolescents account for 50 per cent of new cases of HIV and gonorrhoea, prevention of reproductive tract infections requires working with young people, often before they are sexually active, through advocacy and awareness creation. The consensus of the consultation was that combining information and services regarding reproductive tract infections with other reproductive health and family planning services provided an example of the type of integrated services that could have a cascade of positive effects, such as, in this case, the prevention of infertility, the reduction of maternal and infant morbidity and mortality, and the reduction of reproductive tract malignancy.

14. Maternal mortality. Maternal mortality is a sensitive indicator of the status of women in society, their access to health care and the adequacy of the health care system in responding to their needs. Information about levels and trends of maternal mortality is needed, therefore, not only to assess the risks of pregnancy and childbirth, but also for what it implies about women's health in general and, by extension, their social and economic well-being. It is, however, extremely difficult to assess levels of maternal mortality at the national level. For that reason, UNFPA has assisted research on the best way to collect such data and has supported national efforts in assembling it.

15. The lack of information about maternal morbidity and mortality has meant that the problem has long been neglected. It will not be possible to achieve sustainable reductions in maternal mortality in the absence of functioning district health systems, including widespread availability of maternal health care at the community level along with appropriate referral and management of complications and emergencies. UNFPA is integrating such an approach into all its programmes of assistance at the national level.

16. Female genital mutilation. One of the main concerns of the ICPD was to put a stop to the practice of female genital mutilation. In order to coordinate actions in this area, UNFPA joined with WHO and UNICEF in 1995 to constitute a working group to come up with a plan of action to be taken by each organization. Their report was made available in February 1996. In it, the three organizations agreed upon a definition of female genital mutilation that stated, "female genital mutilation constitutes all procedures which involve partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reasons". It is estimated that at least 2 million girls are at risk of genital mutilation each year.

17. The report recognizes that female genital mutilation is a part of the broader aspects of female inequality that reinforces the discrimination and social position of women in both public and private life. Combatting the practice is based on recognized human rights standards and the health consequences to the girls and young women on which it is performed. UNFPA views it as an infringement of the physical and psycho-sexual integrity of women and girls and considers it to be a form of violence against them. The aim of the involvement of the three United Nations organizations is to change this behaviour by making people understand the hazards and indignity of these harmful practices. The aim is to convince both women and men that it is possible to give up such harmful practices without necessarily giving up meaningful aspects of their cultures.

18. UNFPA's action as laid out by the working group is to support efforts to collect data about the incidence and prevalence of female genital mutilation, to support sociocultural research on the reasons why female genital mutilation persists, to support national governmental and non-governmental organizations that are working to eradicate female genital mutilation, and to promote legislative action to curtail these practices in the context of reproductive health legislation. The Fund will also actively collaborate in the International Forum on Female Genital Mutilation which is being set up by WHO, UNICEF and UNFPA.

19. Reproductive health in emergency situations. In November 1994, UNFPA established the Office of Emergency Operations, based in Geneva, to help the Fund plan, coordinate, monitor and evaluate UNFPA activities in the area of reproductive health in emergency situations. During the year, this Office, together with the UNFPA network of CSTs, helped develop reproductive health projects for refugees, internally displaced persons and returnees in many countries including Bosnia and Herzegovina, Burundi, Egypt, Iraq, Rwanda, Somalia, Sudan, United Republic of Tanzania and the West Bank and Gaza. UNFPA organized with UNHCR and in collaboration with UNICEF and WHO an inter-agency symposium in June 1995 on reproductive health in emergency refugee situations. The symposium was attended by other United Nations agencies and organizations and

NGOs active in the area of reproductive health. UNFPA and UNHCR also signed a Memorandum of Understanding to facilitate collaboration and maximize inputs of both agencies in providing reproductive health and family planning services and supporting advocacy activities to prevent violence against women. One of the outcomes of the symposium was the development of a "Field Manual on Reproductive Health in Emergency Situations", focusing attention on an area of refugee rights and welfare that has been widely overlooked in the past, to offer guidance to field staff in introducing and implementing reproductive health services in refugee situations, and to foster coordination between potential partners in this area.

20. Global Initiative. Activities of the Global Initiative on Contraceptive Requirements and Logistics Management Needs continued during 1995. The last in a series of twelve in-depth country studies on the contraceptive needs of certain large developing countries was completed with a mission to Mexico. Technical assistance was also provided for studies in Haiti and the Dominican Republic. A report on the major lessons learned from the in-depth country studies was published during the year, and an initial report on the development of a database on contraceptive commodities was issued.

## 2. Male responsibility and involvement

21. Both the ICPD and the Fourth World Conference on Women emphasized the need for gender equity and equality and for responsible sexual behaviour by both women and men. Both conferences explicitly spelled out that men share responsibility for family decisions, including for family planning. In the area of reproductive health, male responsibility has two important aspects: the way men accept and indicate support for their partners' needs, choices and rights in reproductive health; and men's own reproductive and sexual behaviour.

22. Acting upon the recommendations of these two major world conferences, during 1995 UNFPA began to elaborate the ways that men's responsibilities in the area of reproductive health could be fostered by the Fund. One result was a study published in November (Technical Report 28: "Male Involvement in Reproductive Health, including Family Planning and Sexual Health" that laid out ways in which UNFPA's programming efforts would take account of this important area in the future. These were incorporated into new guidelines for all field staff working in programme areas.

23. The reluctance of men to get involved in reproductive health decisions is seen to be the result of a number of factors: sociocultural considerations, lack of political commitment, policy impediments, lack of awareness on the part of health-care providers, and inadequate information. UNFPA research shows, however, that men can be encouraged to become more involved in reproductive health decisions by: (a) ensuring that male services and information are offered throughout existing systems; (b) helping Governments remove restrictive policies and regulations; (c) encouraging private-sector initiatives, such as condom sales and employment-based programmes; (d) looking for ways to adapt existing services to meet men's needs and preferences; (e) supporting information, education and communication (IEC) interventions that encourage male involvement and communication between partners regarding reproduction and sexuality; and (f) ensuring that programme performance indicators include male-involvement activities. The centrality of IEC efforts is recognized, as is the need to tailor IEC messages to different male audiences, since men are not a

homogeneous group and must be differentiated. All of these recommendations are being incorporated in UNFPA's new programming activities.

3. Adolescent reproductive health

24. In 1995, young people aged 15-24 were estimated to make up almost 20 per cent of the roughly 4.5 billion population of the world's developing regions. In her address at the opening ceremony of the Rye meeting, the Executive Director told UNFPA staff that working for better adolescent reproductive health was a sensitive issue but one for which UNFPA had a duty to assist countries and one which had to be dealt with openly. UNFPA's responsibilities in this area were endorsed later in the year by the General Assembly when it adopted the World Programme of Action for Youth for the Year 2000 and Beyond in resolution 50/81. In that resolution, UNFPA's role in promoting the reproductive health of youth is explicitly recognized in paragraphs 56 and 57, and the Fund was requested to continue its efforts: "UNFPA and other interested United Nations organizations are to be encouraged to continue assigning high priority to promoting adolescent reproductive health".

25. Most young people are exposed to the mass media, classroom education and the influence of their family members, peers and the community at large, and it is through these three principal channels that they gain the information, education and skills required to advance through the passage to adulthood. UNFPA is well aware of the positive effects of dialogue between parents and their children and, accordingly, seeks to promote such communication, wherever possible, as a way of encouraging adolescents to exercise responsible sexual behaviour.

26. The provision of information about sexuality, pregnancy and STDs, combined with information about local services and the availability of counselling, has also been shown to be an effective way of assisting young people. Youth organizations can play a major role in promoting reproductive health care and services for youth both in and out of school, and they contribute to making young people's immediate environment more supportive. Keeping these principles in mind, the Fund is actively working to increase its involvement with NGOs working with and for adolescents, as recommended in chapter 15(A) of the Programme of Action of the ICPD. In July 1995, for example, UNFPA collaborated with the Centre for Development and Population Activities (CEDPA) in a meeting of "Voices of Young Women" in Washington, D.C., in which 26 young women aged 12-24 from 15 developing countries voiced their feelings on how programmes should be designed to meet their needs.

27. In 1995, the WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health sought to devise a strategic country-level programming framework to meet adolescents' needs and to demonstrate how the framework can be applied on a wider scale. UNFPA also sponsored a consultative meeting on adolescent reproductive health in order to assist in the development of an overall UNFPA strategy in this area. Specifically, a list of priority interventions to promote country-level programming was identified.

## 4. HIV/AIDS

28. UNFPA provides support for HIV/AIDS prevention and control activities within the global strategy of the Joint United Nations Programme on HIV/AIDS and in line with national AIDS programmes and policies. In response to the ICPD, in November UNFPA issued revised guidelines on support for reproductive health. The guidelines clearly recognize the prevention, treatment and management of STDs, including the prevention of HIV/AIDS, as an integral component of reproductive health care. According to the Fund's AIDS Update 1995, UNFPA supported HIV/AIDS prevention activities in 114 countries in 1995, compared to 103 countries in 1994, and 41 in 1991. UNFPA spending on HIV/AIDS prevention is provisionally estimated at $20 million in 1995, up from an estimated $15.5 million in 1994. Support for HIV/AIDS prevention is reflected in UNFPA's increasing involvement in condom procurement and the growing awareness of the need to halt the spread of the pandemic. Using core funds, UNFPA procurement of condoms in response to country requests more than tripled between 1991 and 1995, from $1.8 million to $6.2 million.

29. UNFPA provides support to Governments for HIV/AIDS prevention in many ways, including training in HIV/AIDS prevention for health workers, family planning service providers, teachers and community leaders. The Fund is supporting a wide range of information, education and communication activities, including awareness-raising campaigns; the printing and distribution of booklets, brochures and comic books with AIDS prevention messages; and radio and television programmes on HIV/AIDS themes. Increasing attention is being given to address the specific reproductive health needs of women, youth and adolescents. In 1995, 68 countries reported HIV/AIDS prevention activities for youth and adolescents, and UNFPA collaborated with over 50 NGOs in the implementation of HIV/AIDS prevention activities.

## 5. IEC in support of reproductive health

30. Effective delivery of reproductive health services depends, in part, on the development of comprehensive, research-based, country-specific IEC strategies that promote choice. The general aim of IEC strategies is to focus policy makers on the specific needs of individual communities while sensitizing care managers and providers to the clientele's perception of need. Specific goals include motivating men to share reproductive health decision-making with their partners, to support their mates' reproductive choices, and to adopt responsible sexual behaviour themselves. Effective IEC campaigns are similarly important for improving adolescent reproductive health.

31. The success of IEC activities depends on how well they are adapted to the profiles and needs of specific audiences. Service providers need the information that will allow them to select, promote and deliver the most appropriate services to their different client bases. Potential clients need to know about the availability of various services and in what ways they can benefit from their use. Potential and current users of family planning services, for example, need to be informed about the risks and benefits of each method and provided with facts to override rumour and misinformation.

32. Recent programme initiatives with strong IEC components designed to develop positive attitudes and responsible reproductive behaviour include marriage guidance, infertility counselling and referrals, and AIDS education in the Africa region. In Ghana and Egypt, male opinion leaders have been mobilized to endorse family planning. At soccer matches in Zimbabwe, half-time shows have informed the mostly male spectators about family planning. Initiatives in the Arab region include training and mobilization of local media staff for education purposes. In many Latin American countries, services for adolescents include education programmes to reach teenagers outside the school system through sports and recreation clubs. A media campaign in Brazil promoted vasectomy.

33. Key technical reports produced during 1995 included "Professional Meeting of TSS/CST Advisers on Population IEC" (Number 20); "Towards a More Effective Integration of IEC Within the UNFPA Country Programme" (Number 22); and "Male Involvement in Reproductive Health, Including Family Planning and Sexual Health" (Number 28). Also published was a technical note on "Approaches to Adolescents: Audience-Specific Strategies".

### 6. Community participation in reproductive health programmes

34. Following the ICPD Programme of Action call on Governments to promote community participation in reproductive health services, UNFPA initiated an overview analysis of its own experience in 1995. The overview also included a review of projects supported by WHO, UNICEF, UNDP, the International Planned Parenthood Federation (IPPF), The Population Council, John Snow Inc., and the World Bank. The appraisal showed that participatory strategies often lacked clear policies and institutional frameworks to sustain them; that participation remained community-based while planning occurred at the central level; and that community participation, since it involved *organization* of the community, could require a relatively long period before becoming fully operational, although new rapid research appraisal methods had helped speed up the process.

35. Reliance on the community participation approach calls for financial support in two key areas, according to the report: training staff in community motivational and logistical skills, and involving women's organization in advocacy. Other UNFPA-supported projects involving community participation have included information and communication activities, community-based contraceptive distribution programmes, income-generating activities combined with family planning, and population training at the community level. However, of 17 recently evaluated UNFPA-supported community participation projects, the report found that the majority dealt primarily with implementation. Only four involved community members in the formulation phase, and in only two did community members have a role in evaluation.

36. The report points out that the process of integrating family planning into reproductive health, as mandated by the ICPD, provides a unique opportunity to involve the community in determining its own specific reproductive health needs and priorities, to suggest better strategies to address those needs, to help improve overall access to services both financial and geographical, and to set up quality of care monitoring and project evaluation mechanisms.

37. A new trend in projects featuring community participation is the collaborative involvement of NGOs with the health sector in drawing up reproductive health programmes. The ICPD took the first step in articulating a policy response to a worldwide demand for integrating family planning into a broader context of reproductive health and rights, a demand channelled primarily by women's NGOs around the world. Therefore, the integration of family planning into reproductive health responds to an organized demand put forth by women, a critical point, as the report notes, because women are the main users of reproductive health services.

B. Population and development strategies

38. A primary focus of the UNFPA programme in the area of population and development strategies during 1995 was to provide a framework to translate global commitments and goals of the ICPD to the national level, outlining approaches as to how to integrate such commitments and goals into national population and development planning. A key activity in this regard was the preparation of preliminary "Guidelines for National Plans to Implement and Monitor the ICPD Programme of Action", which include a set of indicators for monitoring the implementation of the Programme of Action.

39. The Fund also revised its guidelines for support in the area of population and development strategies. The new guidelines were developed through a process of extensive consultation with the various divisions within UNFPA, with the Fund's country offices and with the UNFPA technical support services/country support team (TSS/CST) system. The guidelines are structured to conform to the UNFPA report on programme priorities and future directions in light of the ICPD (document DP/1995/25), which lays out broad strategies for UNFPA in three core areas and in particular in the area of population and development strategies. They also reflect the new population and development paradigm emanating from the ICPD -- one that shifts population away from a dominant focus on demographic targets to one that puts the well-being of individual women and men at the centre of sustainable development.

40. The Fund's primary objective in this area is to ensure a balance between socio-economic development and the growth, distribution and movements of population by providing appropriate information and analysis and by influencing policy, planning and programmes. Immediate objectives include: stimulating a better understanding among policy makers and policy analysts of the importance of the linkages between population and development and between population and the environment; integrating population dimensions into development strategies that fully reflect the individual needs of women, men and adolescents; strengthening national data systems and analytical capabilities for formulating policies and for developing and monitoring programmes; and undertaking relevant and influential policy analysis and research.

41. UNFPA organized and/or participated in a number of meetings and consultations on issues of direct relevance to the Fund's work in this area. For example, the Fund organized the Second Consultative Meeting of Economists on Population Growth and Economic Development: Research Agenda for Policy Development (11-12 April); the Consultative Meeting on a Global Framework for the Monitoring and Assessment of Reproductive Health (3-5 April); and the TSS/CST Workshop on

Data Collection, Processing, Dissemination and Utilization (organized in collaboration with the United Nations Statistical Division, 15-20 May).

42. The Fund also sponsored and participated in the Symposium on Internal Migration and Urbanization in Developing Countries: Implications for HABITAT II, which was held at UNFPA headquarters in January 1996. The aim of the symposium was twofold: to update information on demographic phenomena that affect human-settlement policy; and to provide the HABITAT II preparatory process with valuable input from well-known scholars, in particular concerning the linkage between rapid population growth and rural-to-urban migration, which heretofore had been only superficially addressed in the preparations for HABITAT II. It also contributed to follow-up activities of the ICPD Programme of Action by providing a better understanding of current trends in urbanization and population distribution and their link to human-settlement issues.

43. UNFPA also organized a Consultative Expert Meeting on the Application of Rapid Assessment Procedures in Population Programmes, which was held in New York, 6-8 December. The objectives of the meeting were: to review the range of different rapid assessment procedures and their state of development; to evaluate the appropriateness of the use of such procedures at different stages in programme and project cycles; to assess the training requirements, staff qualifications, documentation procedures and dissemination strategies of rapid assessment procedures; and to assess the prospects for using such procedures in assessing reproductive health and family planning programmes.

44. The Fund continued work on a project for monitoring key indicators of family planning and reproductive health programmes, testing a data collection instrument in Honduras, India and Nepal, and monitored the implementation of a project on determinants of success in family planning programmes being executed by the London School of Hygiene and Tropical Medicine. UNFPA also prepared numerous position and technical papers on such topics as poverty issues and UNFPA resource allocations; developments of statistics, national accounts, macroeconomic models and research during 1965-1975 as part of a book to be published in conjunction with the celebration of the fiftieth anniversary of the National Institute of Statistics and Economic Studies of France; on social statistics and data issues for social monitoring at the international level; and on the relationship between mortality and fertility levels in sub-Saharan Africa and the contribution of family planning programmes to fertility declines in sub-Saharan Africa, both for the Workshop on the Demography of Africa: Emerging Trends in Fertility and Mortality at the Harvard Center for Population and Development Studies.

## C. Advocacy

45. At the Rye meeting in June, UNFPA staff from all regions of the world stressed the importance of advocacy in creating awareness about population issues. The Executive Director stated that as a follow-up to the ICPD, UNFPA would need to convey a clear understanding of the messages and themes of the Conference in order to mobilize the political support and financial resources needed for the realization of the Conference goals. In an effort to build the broad-based support for population issues and the ICPD goals, the Fund worked with governments, United Nations agencies, NGOs and

other members of civil society. In 1995, many countries decided to maintain the groups and committees established for ICPD preparations, with several becoming the focal points for action towards meeting the aims of the Conference.

46. Population and, in particular, reproductive health, continued to be the Fund's primary focus for advocacy activities. UNFPA was also an advocate for human rights, including women's rights, and development issues like education, poverty, basic health services, empowerment of women and people's participation, as enunciated in the ICPD Programme of Action. In addition, the Fund worked to mobilize political support and financial resources for population and development activities. UNFPA's efforts to improve the effectiveness of its advocacy techniques in 1995 included issuing a revised edition of "Advocacy: A Guide for UNFPA Field Offices," a "how-to" handbook on public information. The Guide offered UNFPA Country Directors (now UNFPA Representatives) and staff advice on how to package population and UNFPA issues into eye-catching stories for the media. The Guide also provided practical advice on how to raise population awareness through special events, exhibits and the range of public information products available to the Fund.

47. During the year, the Fund initiated advocacy training for UNFPA Country Directors. This training was intended to make field representatives full-time and forceful advocates for three specific areas of responsibility: resource mobilization at the country level for the ICPD population package, particularly reproductive health; the goals of the ICPD; and population issues and UNFPA. Country Directors were instructed to explain problems in each area and develop their own plans, determine target audiences, messages, tools for message delivery, and create yearly work plans. Country Directors also received media and speech skills training.

48. In 1995, UNFPA published a range of products in a variety of media, including a new series of posters on themes of the ICPD. Public service announcements for UNFPA aired on national and international television networks around the world. The Fund also published its annual State of World Population report, which focused on the empowerment of women and a comprehensive approach to reproductive health. UNFPA revised and distributed the Population Issues Briefing Kit and produced brochures on UNFPA and World Population Day. In 1995, the UNFPA general interest magazine POPULI became a quarterly, and "Dispatches", which carries more specific news about UNFPA and its work, became a separate monthly publication.

49. The Fund worked throughout the year to inform the media and public about UNFPA programmes and population activities through its press releases and Project News, a monthly digest of new UNFPA projects. UNFPA conducted media seminars for journalists from developing and developed countries, and held press conferences worldwide for the launch of the State of World Population report. The Fund also organized publicity for events like the United Nations Population Award, thereby keeping population issues in the public eye.

50. Also in 1995, UNFPA increased its use of the Internet as a tool for communication, and launched a UNFPA site on the World Wide Web. Use of the Web site permits access to a wide variety of UNFPA print materials, including all press releases, Project News, POPULI, "Dispatches" and the State of World Population report. In cooperation with the United Nations Population

Information Network (POPIN), UNFPA also maintains a text-only Internet information site, with links to the POPIN gopher, which carries much technical material from UNFPA, the Population Division of the United Nations and other sources.

51. In addition to awareness-creation and advocacy in the population field and resource mobilization, UNFPA continued its work on IEC in direct support of advocacy for population programme activities in developing countries. By mid-1995, according to Education Ministers of the Nine High Population Countries (E-9), increased budget allocations for basic education had made Education for All viable in most of these countries. Also, female literacy was on the rise. Under the aegis of the Inter-Agency Task Force on the Implementation of the ICPD (constituted as Task Force for Basic Social Services for All -- see below), which is chaired by the UNFPA, guidelines were developed on basic education with special attention to gender disparities.

52. During the year, UNFPA funded the development of new and relevant curricula along with the introduction of participatory teaching methods and new materials in school systems in 79 countries. Reflecting the ICPD and Fourth World Conference on Women, population education sought to upgrade curricula and help form attitudes promoting choice, the value of the girl child, responsible sexual behaviour and environmental stewardship.

## III. FOLLOW-UP TO THE ICPD

### A. Role of UNFPA

53. Translating the ICPD Programme of Action into reality has been of critical importance to UNFPA in all of its activities. In order to coordinate the Fund's follow up to the ICPD, UNFPA established an internal Task Force on ICPD Implementation that became operational in January 1995. In the initial phase of its work, the Task Force has been concerned with inter-agency follow-up and coordination, as well as with monitoring intergovernmental initiatives in the aftermath of the Cairo conference. The Task Force has also been developing a tool for monitoring the implementation of the Programme of Action at the country level.

54. In order to position itself better to play a lead role in the follow-up to the ICPD, UNFPA has reviewed and adjusted all its operational guidelines to align them with the recommendations of the ICPD Programme of Action. The Fund has reviewed its policy guidelines in the areas of reproductive health; IEC; gender, population and development; population and sustainable development; and collaboration with NGOs. In addition, UNFPA embarked on a series of regional follow-up consultations, many of which were reported on in last year's annual report. The consultations provided valuable insights into the differing needs of various countries and regions and produced practical suggestions for future activities.

55. On 5-6 April 1995, the UNFPA Panel on Gender, Population and Development met for the fifth time to discuss UNFPA's future directions in the area of gender and population, taking into account the outcome of the ICPD. The Panel offered a wide range of recommendations to enhance the

Fund's implementation of the ICPD, build gender-responsive IEC programmes, look in a new way at men's roles and responsibilities, and forge partnerships in new and innovative ways with a broader and more representative spectrum of national and local NGOs. One week later, on 12-13 April, the NGO Advisory Committee to UNFPA met at UNFPA headquarters to advise the Fund on its proposed policies, programmes and strategies. Participants on the Advisory Committee -- from Africa, the Arab States, Asia and the Pacific, Latin America and the Caribbean, Europe and North America -- discussed a wide range of issues including gender, population and development; poverty alleviation; reproductive health; research; training; and advocacy. The Advisory Committee recommended, inter alia, that UNFPA intensify efforts to disseminate and advocate for the Programme of Action; strengthen its partnerships with the non-governmental and private sector at the country level and use its influential position to bring Governments and NGOs together to implement the ICPD Programme of Action.

56. These reviews and consultations served as the basis for the report on UNFPA's programme priorities and future directions in light of the ICPD (document DP/1995/25 and Corr. 1), which was submitted to the Executive Board at its annual session in 1995. Following extensive discussion of the report, the Board adopted decision 95/15 in which it supported the broad outline of the future programme of assistance of UNFPA, which must be implemented in full accordance with the ICPD Programme of Action, and endorsed the core programme areas of reproductive health, including family planning and sexual health; population and development strategies; and advocacy. That broad outline recognized gender equality and equity and the empowerment of women as issues that cut across all three of the core programme areas.

57. UNFPA has worked closely with the United Nations Population Division in preparing a proposal to reclassify the population sector of the ACC Programme Classification to better reflect the main programmatic themes of the ICPD Programme of Action. This proposal is still under consideration and will be taken up by the CCPOQ at its March 1996 meeting.

## B. Resource mobilization

58. Chapter 13 of the ICPD Programme of Action estimates the funding needed by developing countries in the years from 2000 to 2015 for basic reproductive health services, including family planning, prevention of STDs, and population research and policy formulation at $17 billion in 2000, $18.5 billion in 2005, $20.5 billion in 2010, and $21.7 billion in 2015. It is estimated that two-thirds of these amounts will be provided by the countries themselves, depending on the economic strength of each region, and one third will have to be provided by external sources.

59. At the request of the Secretary-General, the Executive Director convened a consultation on resource mobilization on 20 January 1995. The participants suggested using existing mechanisms at the country level, such as the Resident Coordinator system, the World Bank Consultative Groups, and the Round tables of UNDP, to mobilize resources for activities in the specific countries. They agreed that global consultations on resource mobilization should be convened periodically, preferably to coincide with the annual sessions of the Commission on Population and Development.

60. The purpose of these follow-up consultations would be to review, based on reports prepared for the annual session of the Commission on Population and Development, the flow of financial resources and the resource requirements for the implementation of the ICPD Programme of Action. The consultations will take into account country-level assessments of priorities and resource needs, which would be carried out mainly with existing mechanisms such as the Programme Review and Strategy Development (PRSD) exercises and by referring to relevant reports issued by Governments and by various multilateral agencies and organizations.

## C. Inter-Agency Task Force

61. On 25 July 1995, the Inter-Agency Task Force for the Implementation of the ICPD met in New York to review progress made in the follow-up to the ICPD. This was the second meeting of the Task Force, which was established in response to paragraph 22 of General Assembly resolution 49/128 requesting United Nations agencies and organizations to bring their activities in line with the Programme of Action. The overall aim of the Task Force is to enhance inter-agency collaboration and coordination in the implementation of the ICPD Programme of Action at the country level, under the leadership of the Resident Coordinator. It is also intended to help develop a common framework for following up other United Nations conferences dealing with social issues.

62. The IATF set up six working groups to address the key areas of action corresponding to the objectives of the Programme of Action: basic education, with special attention to gender disparities, with UNESCO as the lead agency; policy-related issues, with UNFPA as the lead agency; a common approach to national capacity building in tracking child and maternal mortality, with UNICEF as the lead agency; reproductive health, with WHO as the lead agency; migration, with ILO as the lead agency; and women's empowerment, with UNIFEM as the lead agency.

63. As a result of the efforts of the working groups, the Task Force has been able to prepare a set of "IATF Guidelines for the United Nations Resident Coordinator System" and to develop a "Common Advocacy Statement on Population and Development". The "Common Advocacy Statement", which stresses that population is an integral component of development strategies, was endorsed by the United Nations system at the second regular session of the ACC in October 1995.

64. The Task Force has been cited, both within and outside the United Nations system, as an example of efficient and effective United Nations cooperation. It has recently been expanded to cover such related basic social services as health and education and reconstituted as the ACC Task Force on Basic Social Services for All. Its success has also inspired the establishment of two other task forces -- one on full employment and sustainable livelihoods, with ILO as the lead agency; and one the enabling environment for sustainable development, with the World Bank as the lead agency.

## D. Country-level activities

65. The ICPD has been a catalyst for action at the country level as well as for the follow-up to the Beijing conference. Several countries have adopted policies and plans of action designed to achieve

ICPD goals, and many have hosted conferences and seminars to enhance understanding at all levels of society of the new thinking about population issues that emerged from the Conference. A notable feature of the post-ICPD period has been the concerted effort of the United Nations system to intensify collaboration at the country level. This will be greatly facilitated by the Guidelines for United Nations Resident Coordinators noted above. The Guidelines will also promote effective interaction among the various groups engaged in implementing the Programme of Action -- Governments, NGOs, the United Nations system and all development partners.

66. Inquiries conducted over the past half-year indicate that a large proportion of developing countries are already reorienting their family planning programmes to correspond with the broader approach of reproductive health and reproductive rights embodied in the ICPD Programme of Action. New aspects of reproductive health have been introduced in a number of programmes, with NGOs and intergovernmental organizations playing greater roles in these endeavours.

67. Successful country activities have been featured in ICPD News, the newsletter of the UNFPA Task Force on ICPD Implementation. ICPD News has also highlighted the role that the UNFPA CSTs have played in helping Governments, upon their request, to translate the ICPD Programme of Action into concrete actions. For example, CST workshops in Africa have focused on reproductive health, especially on adolescents' reproductive health, and on sociocultural and research issues in the context of the Programme of Action. CST advisers have been called on to help formulate adolescent health programmes in the region. The CSTs in the Asia and Pacific region have concentrated on introducing ICPD principles into projects, programmes and work plans. This has included promoting the work of the strong NGOs involved in social development initiatives in the South Pacific and of helping some countries, such as Malaysia and Myanmar, develop national plans of action based on the ICPD. In Europe and the Arab States, the CST has worked to forge stronger partnerships with NGOs and has helped to develop a reproductive health module as part of the Pan-Arab Project for Child Development (PAPCHILD) survey. In Latin America and the Caribbean, the CST has worked to increase understanding of the reproductive health approach among health-care professionals, political and community leaders, students, NGOs and the public. The CST also sponsored a subregional seminar on sociocultural research to help implement the ICPD goals.

## IV. INSTITUTIONAL STRENGTHENING

68. UNFPA continued to enhance the substantive, managerial and operational skills of its staff at headquarters and in the field through training and the increased use of information technology.

69. Training. Activities in 1995 focused on enabling country office field staff to handle the greater responsibilities related to the increase in decentralized approval authority. Management took advantage of the UNFPA Global Meeting of all professional staff to hold briefings and working group sessions to review the programmatic and policy changes required for the implementation of the ICPD Programme of Action. In addition, special training workshops were held for field staff in financial management, procurement and personnel management as well as in advocacy, including ICPD-related country-specific strategies, and the integration of gender concerns into the programming process.

70. In December, 18 National Programme Officers attended a Programme Training Workshop on the new, post-ICPD policy guidelines and the design, implementation, monitoring and evaluation of programmes and projects. Workshops on the new policy guidelines were also organized for CST members. In April, the fifth Management Development Workshop was held, bringing to 85 the total number of senior staff to have attended this capacity-enhancing workshop series. UNFPA also continued to support joint training with its United Nations system partners under the auspices of the ILO Training Centre in Turin, Italy.

71. Office automation. UNFPA continued to strengthen the organization's information technology capacity and use. New in-house applications are being developed to maximize on the introduction of the graphical user interface (GUI) software. Efforts are ongoing to upgrade the Programme Resources Management System (PRMS) and UNFPA Integrated Field Office System (UNIFOS), in order to further strengthen the Fund's financial monitoring capacity and increase its administrative efficiency. More country offices were connected to electronic-mail and/or the local area network (LAN) shared by UNDP and UNFPA. A UNFPA Gopher and a World Wide Web (WWW) site were also established, expanding the Fund's information programme outreach potential in the most cost-effective manner.

72. Internal audit. The UNFPA Internal Audit Section in the UNDP Division for Audit and Management Review continued to provide effective internal audit coverage through audit missions to selected country offices, frequent exchanges and follow-up with UNFPA management, and supervision of agreements with commercial audit firms. UNDP Regional Service Centres in Kuala Lumpur, Malaysia, and Harare, Zimbabwe, arranged for commercial firms to handle annual audits of all country offices in the Asia and Pacific and the Africa regions. In 1995, 55 country offices were audited. Moreover, the Internal Audit Section has initiated a review of certain aspects of UNFPA regulations, rules and procedures to help ensure comprehensiveness and consistency in the guidelines governing UNFPA operations.

73. UNFPA Representative designation. On 20 December 1995, the General Assembly, in decision 50/438, endorsed the agreement between UNDP and UNFPA to change the designation of UNFPA resident Country Directors to UNFPA Representatives. This change in designation will increase the authority, effectiveness and visibility of UNFPA at the country level and help strengthen collaboration and complementarity among United Nations agencies in supporting government efforts to implement the ICPD Programme of Action. It will also enable UNFPA Representatives, in residence in some 66 country offices, to function more effectively as part of the United Nations Resident Coordinator system, thereby enhancing the system's coherence and effectiveness in operational activities. At the same time, UNFPA will, to the extent possible, continue to avail itself of common services and common premises at the country level.

## V. EVALUATION

74. Evaluation continued to be emphasized as an essential management as well as programming tool. At the project level, end-of-project evaluations were conducted with increased regularity. In line with the increased decentralization of programming, the majority of these were initiated by UNFPA field offices. In addition, evaluation planning also appeared to have taken hold in the organization culture in that new projects approved in 1995, both country as well as intercountry, incorporated almost without exception an evaluation component. The delineation of baselines and indicators, however, will require continued effort.

75. In 1995, field work on evaluating the role of traditional birth attendants (TBAs) in family planning programmes was completed with case studies in Ghana, Malawi and Uganda, bringing the total of these studies to eight. The purpose of this evaluation was to assess the effectiveness of UNFPA's support for TBAs as a strategy for improving women's reproductive health and in decreasing maternal mortality and morbidity. These studies provided insights on the range of services TBAs provide in different settings. Although in many instances, it was recognized that in the long term the role of TBAs as providers of quality reproductive health care may diminish, their current contribution is still critical in peripheral, hard-to-reach areas. The challenge is to provide them with technical and material support to ensure quality of care while at the same time extending the coverage of primary health care services provided by national health systems. A synthesis of the findings and conclusions of the eight country case studies is to be published in early 1996.

76. Field work for an evaluation of reproductive health services and IEC for adolescents was begun. Emphasis is placed on understanding the factors that facilitate and inhibit programme implementation, particularly as related to differing cultural and political settings. Case studies have been completed in Antigua and Barbuda, Chile, Colombia, Indonesia, Jamaica and Sri Lanka. The approach taken in these case studies differs from that used in other thematic evaluations in that a broader frame of reference was adopted. Since the number of UNFPA projects targeting adolescents uniquely are still somewhat limited, it was decided that in each selected country, the entire effort, including governmental and NGO programmes, to address adolescent reproductive health needs would be examined. This broader perspective should contribute to the clarification of the Fund's own policies and strategies with respect to adolescents in light of the ICPD Programme of Action. Additional case studies are planned in Kenya, Senegal and Thailand, and the evaluation is planned for completion in mid-1996.

77. A major independent evaluation of the second phase of the Global Programme of Training in Population and Development was conducted. The objective of the evaluation was to ascertain the extent to which the Global Programme has achieved its immediate objectives and to make recommendations for future strategy. In addition, it was also intended to see whether the recommendations of the evaluation of the first phase had been implemented. Teams of consultants evaluated the component training programmes in the cooperating institutions that participated in the second phase of the programme. In each case, besides reviewing extensive documentation including course outlines, texts and participants' reports, discussions were held with faculty members and participants, as well as with the officials of the host institutions. In some cases, the evaluation team

audited lectures and presentations by participants. The evaluation made recommendations specific to each component programme in respect of course content, pedagogical approach and programme administration, capitalizing on its particular characteristics. At the same time, it also raised certain global strategic issues that UNFPA will have to review and decide on in the immediate future.

78. The Fund conducted a desk study to examine community participation approaches used in UNFPA-supported projects in order to analyse experience to date and draw lessons for the future in programme design, planning and implementation. A preliminary review was made of 65 projects in the area of reproductive health, of which 17 were selected for in-depth study. In general, it was found that the conceptualization, design and implementation of community participation components were weak due to inadequate understanding of the concept. While most of the projects reviewed identified community participation components to be implemented, how these activities would contribute to attainment of the project's overall objectives and how the various activities would be coordinated were often unclear. Since community participation as an implementation strategy tended not to be properly conceptualized or planned, budgetary provision for related activities was generally inadequate. The desk review identified a number of facilitating and constraining factors with respect to community participation approaches and drew a number of lessons from past experience.

79. In collaboration with members of the CST based in Santiago, Chile, an evaluation was conducted of the UNFPA-supported programme in Bolivia, a priority country. The findings of this evaluation emphasized the importance of internal consistency and coherence within a multi sectoral programme and of the need for programmes to respond, albeit in midstream, to major government policy changes. The exercise provided important inputs for the proposed bridging programme of support in that country and the preparations for the PRSD that will precede the next phase of UNFPA support.

80. Towards the end of the year, the Executive Director established a system of Policy Application Reviews with the objective of ensuring accountability at every level of decision-making to ensure compliance with the Fund's mandate and policies. This will be accomplished through examination of the processes of programme development and the implementation of selected programmes. Policy Application Reviews will be conducted as internal exercises by senior officers of the Fund who will submit their report directly to the Executive Director. The first such review was completed in the Philippines in December 1995. Seven more reviews of programmes in all four geographical regions are planned through the third quarter of 1996.

81. In line with the effort to streamline programming procedures, a revision of the UNFPA monitoring and evaluation guidelines was initiated. A working group comprising international as well as national field staff and headquarters staff was constituted for this purpose. An initial draft is under review to ensure consistency with other programming guidelines. Efforts are also made to share information with other JCGP members with a view to enhancing harmonization.

82. Work on the evaluation database continued. At present, over 100 project evaluation reports had been analysed and entered into the database. The next step is to develop an interface system for

statistical analysis. The possibility of incorporating into the database lessons learned from research findings emanating from UNFPA-supported activities is also being explored.

## VI. REGIONAL OVERVIEW

83. This section of the report provides a brief overview of some of the developments in the regions in terms of directions and trends in the population field and/or the work of UNFPA. The printed version of the Fund's annual report provides a more detailed region-by-region overview.

### A. Africa

84. For the countries of sub-Saharan Africa, 1995 was a year of challenge. Increased political and general awareness of population issues continued to translate into growing demand for population programmes and services. At the same time, institutional and operational capacity to deliver such services was being constrained by events ranging from political instability in several countries to a more widespread economic malaise, often coupled with constraints associated with structural adjustment programmes. HIV/AIDS threatened to drain overall health budgets in many countries by drawing greater proportions of available resources into treatment and away from prevention.

85. Despite these circumstances, the Fund's implementation rates continued to rise in 1995. Allocations of regular resources to countries in the region totalled $109 million, with projected expenditures of between $67 and $74 million, up considerably from the $57 million recorded in 1994. Multi-bilateral allocations of more than $11 million are projected to result in expenditures of at least $6 million, 70 per cent more than in 1994. The $11 million allocated to regional-level activities is expected to result in expenditures of about $9 million.

86. UNFPA convened a series of regional meetings during the year to develop strategies for implementation of the ICPD Programme of Action and the follow-up to the Dakar/Ngor Declaration. Effecting the switch from a maternal and child health and family planning emphasis to a broader reproductive health approach was the common thread underlying regional consultations, which sought to explore linkages between the three UNFPA thematic areas and ways to operationalize the new programme approach. Among the conclusions were the need: to revitalize advocacy and social mobilization efforts at the grassroots level, to make IEC more culturally responsive, and, as a matter of urgency, to inject greater relevance and more gender concerns into the population and family life education content of school curricula in order to reach the region's school-age population.

87. The Fund also examined post-ICPD priorities in terms of IEC and demographic, population and development training needs and assessed the relative roles to be played by national and regional training institutions, in some instances with a view as to whether certain projects should be included or modified in the next regional programming cycle (1996-1999). Recommendations emerging from this exercise included training a cadre of qualified personnel at the national level and incorporating population and development concerns into existing undergraduate courses. Regional institutions should concentrate on developing national curricula and regional research in addition to the training of trainers to manage population programmes. While the review concluded that regional institutions

that provide training in population and development still need support, it indicated that those in the Anglophone countries are closer to attaining self-reliance than their counterparts in the Francophone and lusophone countries. It also suggested that planning should begin on a Pan African Centre of Excellence in population and development and reproductive health. Elsewhere, UNFPA concluded that current regional training activities designed for Anglophone, Francophone and lusophone countries in the areas of maternal and child health, family planning and adolescents' needs should be broadened in scope to encompass the full range of reproductive health care.

88. UNFPA was a vigorous advocate for population concerns and their importance for sustainable development and health at key meetings throughout the year. These included meetings of the ECA Council of Ministers and the OAU Assembly of Heads of State, the Fifth Conference of African Ministers of Health, and, in Burkina Faso, the regional seminar organized by the Inter-African Committee on Traditional Practices, which urged Governments to eradicate harmful practices such as female genital mutilation. The Fund was also active in various United Nations system meetings and consultations in connection with promoting the United Nations New Agenda for the Development of Africa in the 1990s (UN-NADAF) and the Secretary-General's Special Initiative on Africa. UNFPA organized the first forum of African Women Ministers and Parliamentarians (attended by 28 ministers and 30 parliamentarians in Burkina Faso) and, in collaboration with its country offices, sponsored attendance by some 300 representatives, including 60 journalists, at the Fourth World Conference on Women in Beijing.

89. At the country level, Uganda and Mauritania adopted national population policies, bringing to 17 the number of countries in the region to have done so. Mid-term reviews of 20 ongoing country programmes in 1995 allowed for some reshaping to make programmes more responsive to the ICPD. Three PRSDs in Cape Verde, Ghana and Zimbabwe promoted the programme approach and the focus of UNFPA's three new thematic areas.

90. Emergency situations continued to complicate UNFPA efforts to provide population assistance in Burundi, Liberia, Rwanda, Sierra Leone and Zaire. In tailoring support to emerging national conditions, first priority was given to providing reproductive health care, including family planning services, to afflicted, but reachable, populations. A second priority, for countries where major population movements have occurred, entailed support for quick surveys to ascertain their size and relocation sites as a help to critical humanitarian relief planning coordinated by the United Nations Department of Humanitarian Affairs.

## B. Arab States

91. Almost all the national population policies adopted in the Arab States region had a strong focus on increasing access to and improving the quality of reproductive health services as well as on promoting gender equity and equality and the empowerment of women. Jordan and Yemen have updated their national population policies to integrate the goals of the ICPD; the Syrian Arab Republic has adopted the goals of the ICPD as its own and is in the process of adopting a national population policy. Government structures are changing as well. Egypt has merged ministerial health

and population portfolios, further evidence of a growing holistic approach to reproductive health care, and Morocco has established a Ministry of Population.

92. UNFPA sponsorship enabled government and NGO representatives from the region to participate at the Fourth World Conference on Women in Beijing and help consolidate gains made at the ICPD. In addition, UNFPA supported national level follow-up activities such as workshops and meetings in Jordan and Yemen which helped to disseminate and promote ways to activate aspects of the outcome of the Beijing conference.

93. With UNFPA support, comprehensive reproductive health is being promoted through systematic review and enhancement of current programmes and the formulation of new programmes. Examples include the Syrian Arab Republic's fourth country programme, which has been gradually re-oriented towards the ICPD with the introduction of new reproductive health services such as the treatment of STDs and the prevention of HIV/AIDS, and the mid-term review of Egypt's fifth country programme which resulted in the further integration of reproductive health care services at the primary health care level. While preparing a 1996-1999 Programme of Assistance to the Palestinian People, UNFPA has been collaborating with UNWRA to help improve the quality of antenatal care, provide postnatal care, and integrate family planning services in Gaza and the West Bank. In Morocco, UNFPA is helping set up a reproductive health counselling and service network for men and women. In Tunisia, with UNFPA assistance, the Government is developing a reproductive system to increase women's access to services in disadvantaged areas. Algeria, with UNFPA support, is integrating reproductive health care with maternal health care structures. UNFPA support for HIV/AIDS prevention in the region continues through training, production and dissemination of IEC materials and the distribution of condoms.

94. Covering the entire region, the Amman-based CST undertook more than 100 missions to 20 countries in 1995, advising, inter alia, on reproductive health, IEC, gender and data collection and analysis, as well as being involved in the PRSD exercise in the Syrian Arab Republic and mid-term reviews in Egypt, Jordan, Morocco and Yemen. The second phase of the Gulf Family Health Survey Programme was launched at the beginning of 1995 to provide detailed information on the demographic and health status of the population in the Arab Gulf States. Similarly, PAPCHILD, a joint programme of UNFPA, AGFUND, UNICEF, WHO, IPPF, the League of Arab States, and the United Nations, has provided detailed socio-economic, demographic, and health data for Algeria, Egypt, Mauritania, Sudan, the Syrian Arab Republic and Yemen. Now focusing on Morocco, the Libyan Arab Jamahiriya, Lebanon and Tunisia, the survey is expected to be completed in 1996. UNFPA is working closely with ESCWA in supporting population and development programmes in the region, assisting the International Islamic Centre for Population Studies and Research at Al-Azhar University in organizing training, updating IEC materials, and completing a manual on family planning in the context of Islam, in addition to strengthening cooperation with the Islamic Educational, Scientific and Cultural Organization.

95. In 1995, UNFPA supplied humanitarian assistance for emergency situations in Somalia, Iraq and Sudan. In Somalia, the Fund helped get essential drugs and contraceptives through to outlying regions in the north, despite the civil war. UNFPA also helped train NGO health personnel,

midwives, community leaders and women's groups on ways to integrate reproductive health services into primary health care. The Fund provided Iraq with emergency supplies of contraceptive pills and, in collaboration with WHO, helped the Iraqi Family Planning Association set up reproductive health and family planning clinics and train health personnel, in addition to providing it with urgently needed medical equipment and contraceptives. The Fund also helped to provide reproductive health services to refugees in Sudan.

96. UNFPA programmes in the region have played an important role in improving the political, socio-economic and legal status of women. Integrating gender issues into all UNFPA projects in the region has been a priority. Women's equity and empowerment issues have been addressed in all three of the Fund's core programme areas. Projects approved in 1995 include the collection of separate data for male and female populations and improving women's literacy, health and economic status. Strengthening national NGOs has emerged as a critical strategy for most programmes in the region along with an increased emphasis on their role as advocates for special issues, especially gender issues, human rights as they affect the health of women and girls, and education on sexual health.

97. National execution of UNFPA-supported projects in the region continues to make gains as a result of government collaboration and greater NGO involvement. Where it exists, capacity varies widely -- from 40 per cent of all projects in the Syrian Arab Republic through 80 per cent in Morocco to almost 100 per cent in Tunisia. Some of the countries in the region have developed the technical expertise and managerial and training capabilities to serve as regional training centres. In 1995, service providers from Jordan and the Syrian Arab Republic received clinical training on IUD inserts and implants in Tunisia, while policy makers from Jordan, Yemen and the Syrian Arab Republic attended training seminars in Egypt. Djibouti and Tunisia are involved in a maternal and child health care training partnership.

## C. Central and Eastern Europe

98. Reflecting the ICPD Programme of Action's recognition that countries with economies in transition should receive temporary assistance for population and development activities given the difficult economic and social problems they face, 1995 saw a surge of requests for UNFPA assistance from the countries of Central and Eastern Europe. In response, UNFPA approved 26 projects totalling $5 million, covering country and regional activities in the reproductive health field. The Fund also organized a regional workshop on how countries with economies in transition could follow through on the ICPD Programme of Action. Government and NGO representatives from 18 countries assessed the status of their reproductive health services and discussed the type of public information campaigns needed to promote the concept of reproductive health in the region as well as the training required by health service providers. Several countries organized ICPD follow-up activities. In Albania, government officials from the Prime Minister down participated in a two-day national conference on reproductive health. Poland's Population Commission drafted a number of ICPD-related proposals, and UNFPA supported two conferences, one dealing with the role and image of women in Polish society and the other with demographic processes during the transition to a market economy.

99. As noted, UNFPA is providing technical and advisory services through the CST and supporting a wide range of projects promoting the concept of reproductive health in the region. In Armenia, UNFPA is providing modern contraceptives and essential medical equipment and helping to train clinicians in their use. The Fund is also supporting research into the sexual attitudes and behaviour of Armenian adolescents. The Polish Government is working with UNFPA to improve reproductive health services and to introduce family life education for adolescents. The aim is to reduce the number of unwanted pregnancies and to help adolescents make responsible decisions. Estonia, Latvia and Lithuania are conducting family and fertility surveys, with UNFPA's assistance and the collaboration of the Economic Commission for Europe (ECE), to provide important data for future social and health policies. In Moldova, IPPF, UNFPA, and WHO have organized two training courses for public health staff, enabling 60 district family planning coordinators to update their knowledge of modern family planning methods and improve their management skills. UNFPA also supplied contraceptive supplies to Moldova. Besides providing technical advice and training support to the Romanian Government, UNFPA has contributed to a conference on maternal mortality. Activities in the Russian Federation include the social marketing of condoms and a pilot scheme to introduce sex education into the secondary school curriculum.

100. To upgrade the skills and knowledge of modern family planning methods and management among 170 health care professionals from Central and Eastern Europe and the Newly Independent States, UNFPA is working with the University Medical School of Debrecen, Hungary, to set up a special three-year training course. All UNFPA-supported training for health service providers from these countries featured information on HIV/AIDS and other STDs. UNFPA continues to work with the ECE in supporting the regional research programme on population dynamics, including ageing, international migration, and fertility and family surveys.

101. In response to the humanitarian emergency situation, UNFPA and WHO are collaborating in sending reproductive health equipment and supply kits to government-run clinics in Bosnia and Herzegovina, where they are also training staff. In Croatia, UNFPA and Marie Stopes International are providing reproductive health and psycho-social care to refugees.

## D. Asia and the Pacific

102. Countries in the Asia and Pacific region quickly set about translating commitment to the ICPD Programme of Action into concrete population and development policy initiatives, in addition to promoting reproductive health care measures at the operational level and involving NGOs more closely in programme design and implementation.

103. The Marshall Islands, Palau, Tonga, the Solomon Islands and Fiji led the way in the South Pacific in revising national population policies to reflect ICPD priorities. Myanmar and Cambodia upgraded government capacity to advise on population issues. Collaborating with the Pakistan Parliamentary Group on Population and Development, UNFPA helped organize a national symposium on Pakistan's population situation that was addressed by the Prime Minister. In India, a new set of indicators designed to track social-sector spending and gauge progress towards the ICPD goals could strengthen the United Nations system's advocacy for increased government and donor support for

population and development programmes. In a major policy change since the ICPD, the Indian Government decided to release one district in each state from method-specific family planning targets. The effect on family welfare services will soon be surveyed with UNFPA assistance.

104. The impact of the ICPD is also evident in ongoing and planned programming of reproductive health activities in the region. The Islamic Republic of Iran has launched a nation-wide maternal health counselling campaign and established 305 pre-marriage counselling centres to familiarize young couples with reproductive health values. Pakistan has converted 12 reproductive health centres into master training centres. Viet Nam has already made reproductive health a priority area in its next country programme along with population policy, advocacy and capacity building. Indonesia is expanding the reproductive health concept to include reproductive well-being in an effort to encourage more government ministries to address reproductive health issues in pursuit of improved socio-economic conditions. Myanmar's UNFPA-supported birth-spacing project to reduce the nation's very high maternal mortality rate is being extended to 52 townships.

105. Male methods of contraception continue to be promoted in the region, where advocacy efforts included an international symposium organized by the All India Institute of Medical Sciences with UNFPA funding. Thailand, Indonesia, Viet Nam and Cambodia are among countries encouraging condom use both for family planning and for HIV/AIDS prevention. In India, UNFPA is assisting a project for the nation-wide expansion of no-scalpel vasectomy. Initiatives aimed at adolescents included a UNFPA-funded young adult fertility and sexuality study in the Philippines, a UNFPA-supported workshop for general practitioners in Thailand dealing with adolescent health and teenage pregnancy, and reproductive health advocacy efforts directed at Sri Lankan youth groups.

106. UNFPA participation at such donor gatherings as the Third Meeting of the International Committee for the Reconstruction of Cambodia, the Fifth Round Table Meeting of Donors on Bhutan, and the World Bank/Co-Financiers' Fifth Population and Health Project meeting for Bangladesh helped promote ICPD goals among donors and United Nations system agencies alike. At the country level, UNFPA helped Pakistan in managing United Kingdom assistance totalling $10 million for contraceptive procurement and logistics support. In Bangladesh, it procured condoms, pills and injectibles using funds and contributions from the United Kingdom, Germany and Canada. All major UNFPA-supported projects in the republics of Central Asia were collaboratively designed with United Nations agencies. Examples include the joint UNDP/UNFPA project on mass media in Kyrgyzstan and the joint WHO/UNFPA reproductive health service improvement pilot project for the six countries of the subregion. In the South Pacific, UNFPA is lead agency for a situation analysis of the Solomon Islands, Marshall Islands and Kiribati, while it is working with UNDP, WHO and UNICEF on an inter-agency analytical study on the nature of the Pacific's vulnerability to HIV/AIDS. Donor Governments have entrusted funds to UNFPA for projects ranging from Spain's financing of the production of IEC materials in the Philippines to Australia's support for a wide range of reproductive health projects in the South Pacific.

107. Two new country programmes were approved in 1995 for Azerbaijan and Kazakstan totalling $23 million, $18 million from regular and $5 million from multi-bilateral resources. A project

formulation mission was fielded in November 1995 to Kazakstan, Kyrgyzstan and Uzbekistan. Executive Board approval of a Country Director's post for the subregion followed the appointment of national project officers in all six countries and a chief technical adviser in reproductive health. The Executive Board also approved Indonesia's fifth country programme for $30 million ($25 million from UNFPA resources, $5 million from multi-bilateral funds). PRSD missions were undertaken to Sri Lanka and Viet Nam in late 1995, with similar missions scheduled for Bangladesh, Bhutan, Cambodia, India, Lao People's Democratic Republic, Nepal and the South Pacific islands in 1996.

108. South-South cooperation, a regional strong point, was best evidenced by the continuing efforts of Indonesia, Thailand and the Republic of Korea to facilitate regional colleagues seeking to study and learn lessons from their programmes. Indonesia, for example, hosted 2,473 participants from developing countries in the region in 1995.

109. During the year, UNFPA helped many NGOs, especially women's NGOs, from the region to participate in the Fourth World Conference on Women in Beijing. In Bangladesh, the Fund helped put together an NGO forum in support of the ICPD Programme of Action. In the Philippines, the Government and NGOs are consolidating plans to strengthen reproductive health care. India's Working Women Forum, a credit and welfare programme to empower women in Tamil Nadu's slums and villages, is being expanded with UNFPA's help to embrace 240,000 more people in outlying tribal areas where female status is especially low.

## E. Latin America and the Caribbean

110. Despite an unfavourable economic climate, concerted efforts continued to sustain the momentum required to realize the targets set by the ICPD Programme of Action and to increase the resources available to address priority population issues such as teenage pregnancy, maternal mortality and persistently high fertility rates among under served segments of the population. Typifying the region's political commitment to ICPD principles were endorsements at the highest level of government. In Mexico, on World's Population Day, the President announced a National Programme for Population and Development within the framework of his new Development Strategy, 1995-2000. The President of Peru spoke strongly in favour of reproductive health, family planning and women's rights in his inaugural speech in 1995. In his address to a meeting of Latin American and Caribbean parliamentarians held in Peru in August, the President issued a strong endorsement of reproductive health care, and women's rights and equality in the context of the ICPD goals.

111. In recognition of the importance the Government gives to the ICPD Programme of Action, the President of Brazil established a Commission on Population and Development in August. At parliamentarian meetings, the Prime Minister of Belize and the President of Panama endorsed efforts to ensure women's rights and to promote reproductive health. The CARICOM Heads of State endorsed, in mid-1995, the "Bahamas Consensus" -- the Caribbean Plan of Action on Population and Development.

112. Support from governments was also significant. In August, ministers and high-level government officials of the educational, cultural and youth ministries of the Central American region

passed a strong declaration in favour of population education within the framework of the ICPD recommendations. In direct support of ICPD, the Ecuadorean Government adopted a new National Action Plan on Population, which, with UNFPA support, will extend maternal health, including reproductive health, care to the members of the armed forces and will bring services to adolescents and women. In Nicaragua, a parliamentary commission on population and development was established. In El Salvador, UNFPA was able to fund two reproductive health projects for adolescents: one executed by the National Family Secretariat, an institution headed by the First Lady; the other under the supervision of the archbishopric of San Salvador.

113. In 1995, UNFPA helped support a series of major regional meetings on reproductive health and primary health care. Some 120 reproductive health specialists from 25 countries attended the Cancun meeting co-sponsored by the Mexican Government which served to launch the new regional reproductive health policy and programme initiatives. UNFPA's Executive Director inaugurated the International Seminar on Primary Health Care in Havana, Cuba, which was attended by more than 1,000 delegates from 20 countries. At Cartagena, Colombia, a gathering sponsored by the Iberoamerican Youth Organization (OIJ) was urged to focus more on reproductive health issues more of a focal point in current policy planning and programmes for adolescents. Many of the same issues were raised when parliamentarians from all over the Americas met in Peru in August for the Inter-American Parliamentary Group's session on "The New Population Decade 1994-2004". Ministers from the Central American region responsible for education, culture and youth affairs signed a special declaration calling for population education reflective of ICPD principles after meeting in Guatemala in August.

114. The ICPD was enormously popular throughout the region. Among its chief beneficiaries were NGOs, which found themselves in demand, especially by the public sector, as partners for programmes on reproductive health and gender issues. The ICPD also helped to bring the relationship between the Fund and Governments even closer. The preparations for the conference focused attention on population issues as well as contributing to more intense personal contacts and a shared commitment by UNFPA staff and their government counterparts. The success of the ICPD reinforced this relationship between UNFPA and Governments, political figures and NGOs.

115. The region's new country programmes and those up for review and/or extension were reshaped in the course of 1995 to accentuate reproductive health, increased involvement of NGOs and special emphasis on reaching young people. Nicaragua's new country programme shifted in its first year from an emphasis on a family planning approach to a more comprehensive reproductive health activities. The gender-sensitive programme contained strategies aimed at both young men and women with the goal of reducing rates of teenage pregnancy. Reproductive health is now an integral part of Panama's university-run training for nurses. Bolivia has made accelerated reduction of maternal mortality and morbidity a social sector priority. In Mexico, the Ministry of Health has set up a new General Directorate on Reproductive Health, and UNFPA continues to support reproductive health services designed for the most vulnerable, particularly adolescents and the indigenous populations. In Costa Rica and Honduras, the country programme preparation produced a programme approach that combined promotion of the ICPD goals with networking at the grassroots level. In Honduras, the

PRSD exercise helped strengthen inter-agency cooperation and collaboration, notably involving UNICEF for the first time.

116. UNFPA collaborated and coordinated multi-bilateral arrangements with the donor community, most notably with Finland, Luxembourg, Norway, the Netherlands and the United Kingdom in Bolivia, Haiti, Honduras, Mexico, Nicaragua and Peru. The Paris Consultative Group meeting proved to be effective in fostering support for regional population activities; Finland, for example, became a supporter of programmes in Nicaragua. Peru, which made a strong case for support for family planning programmes, is still in negotiations with the Group. The Special Programme on Contraceptive Requirements and Logistics Management co-sponsored by UNFPA, the World Bank, USAID and others, undertook missions to the Dominican Republic, Haiti and Mexico to help improve contraceptive accessibility.

117. More and more countries in the region were involved in HIV/AIDS prevention -- Cuba and Haiti, in particular, having channelled their support into social mobilization campaigns. PAHO, with UNFPA support, is offering an education/logistics training package to decision makers and other key personnel in a bid to tackle HIV/AIDS prevention through improved management of condom manufacturing, storage and distribution.

118. Reproductive health programmes in Peru and Haiti were successfully decentralized. In Haiti, the aim was to improve rural women's access to and knowledge of reproductive health, family planning, STD prevention and contraceptives. Peru's Population Commission was decentralized with the explicit purpose of increasing the capacity of personnel working outside the capital. In Mexico, decentralized programmes were put in place expressly to enhance formulation of community-responsive population/environment and sustainable development policies and programmes. Paraguay sought to decentralize the entire process -- from policy making to implementation.

## VII. FROM CAIRO TO BEIJING AND BEYOND

119. In summing up the results of the Cairo Conference, the Executive Director has stated that the Programme of Action is based on human rights, and that the human rights of women and the girl child are "an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in civic, cultural, economic, political and social life at the national, regional and international levels and the eradication of all forms of discrimination on grounds of sex are priority objectives of the Programme of Action".

120. These principles were of paramount concern at the Fourth World Conference on Women in Beijing. Many participants explicitly stated that they wanted to work to ensure that the Beijing Conference did not represent a retreat on any of the principles enunciated in the ICPD Programme of Action. There was an appeal to UNFPA to continue to play a leadership role in implementing the ICPD goals and recommendations as widely as possible. Considerable support was expressed for the role that UNFPA has played and continues to play in this regard. In spite of many disagreements, this resolve was vindicated when the Beijing Conference reaffirmed the ICPD goals and even expanded upon some of its recommendations.

121. UNFPA was also reaffirmed in its role as a catalyst within the United Nations system, with national Governments, bilateral, multilateral and other international assistance agencies and organizations, on processes designed to promote gender equity and equality and the empowerment of women. In the wake of the ICPD, UNFPA's Executive Board endorsed a broader reproductive health approach encompassing family planning and sexual health issues. Such an approach is central to the question of women's empowerment, gender equity and equality, and reproductive rights. In this view, only by addressing itself to these broader issues can UNFPA make headway on the question of reproductive health, including family planning and sexual health. UNFPA continues to regard the empowerment of women and gender equity and equality as the *sine qua non* for sustainable development and the improvement of the quality of life for everyone.

122. The road to women's empowerment starts with the road to health, particularly reproductive health. The Fund's task is to ensure that a life cycle approach is taken with respect to women's health, that women have the information and services they need to bear and bring up their children in health and safety, that the human rights of women include their sexual rights -- to have control over and decide on matters related to their sexuality including sexual and reproductive health free from coercion, discrimination and violence. The Fund is also working to ensure that UNFPA programmes offer women support for choices other than reproduction and to ensure that, whatever the choices, the first priority goes to their interests as women, not as mothers or wives or units of production or reproduction but as individuals with rights and responsibilities and choices of their own. In this context, population and development programmes, including reproductive health programmes, should be designed to serve the needs of both women and men, including adolescents, and should involve women in the leadership, planning, decision-making, management, implementation and monitoring processes of such programmes.

123. UNFPA is committed to continue to collaborate, within its mandate, with all relevant partners, both within the United Nations system and outside it, to meet the needs of individual women and men and to make the contract with the world's women a reality. As a follow-up to the ICPD, the Fund has already taken initiatives at the international, regional and national levels that will definitely have a bearing on the implementation of the Beijing Platform for Action. UNFPA is fine-tuning its policies to make them more gender sensitive, ensuring that gender concerns are main streamed into population and development policies and programmes. The Fund is also strengthening its collaboration with NGOs. UNFPA is providing reproductive health information and services to men and women in the context of primary health care, and advocating for the promotion of universally accepted human rights including reproductive rights, for education of girls and the elimination of traditional practices that are harmful to the health of women and girls.

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